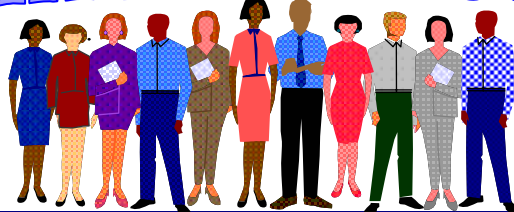


# Personnel Issues & You



UPPS Newsletter 2004-3

March 1, 2004

## Staffing Services' Register Branch Changes Hours Of Operation

In the January, 2004 issue of the Commonwealth Communiqué, it was announced that the Division of Staffing Services' Register Branch would be extending its normal hours of operation until 6:00 p.m. Please be advised that this was incorrect and the normal hours of operation are now from 7:30 a.m. until 5:30 p.m.

## Specialized Reports

Recently, many agencies have requested and received specialized reports that require additional programming. The Department of Personnel is absorbing these programming costs as our commitment to customer service for our agencies. Due to the ever-increasing costs related to specialized report programming, it has become necessary to review the overall cost impact of this service. Based on the outcome of this review, future programming may require the Department of Personnel to pass on any unusually excessive programming costs to the requesting agency. Be assured that no agency will be charged these additional costs without us providing a cost estimate and obtaining requesting agency approval. This review will not impact the current report production process that is provided on a recurring basis by the personnel and payroll system. For information regarding the process used to request specialized reports please contact Kim Hatter in writing, Division of Employee Records [Kimberly.hatter@ky.gov](mailto:Kimberly.hatter@ky.gov), or she can be reached at 564-6464.

*Department of Personnel  
5th Floor, 200 Fair Oaks Lane  
Frankfort, Kentucky 40601*

*Commissioner  
Robert Ramsey, Sr.  
Suite 516, 502-564-7430*

*Office for Personnel Administration  
Carl Felix, Executive Director  
Suite 530, 502-564-2428*

*Office for Employee Relations  
Suite 511, 502-564-7911*

*Office of Public Employee Health Ins.  
Esteva Caise Drags,  
Executive Director  
Suite 501, 502-564-0358*

*Department of Personnel Web Site  
<http://personnel.ky.gov/>*

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# Paying Employees With Employment Status Changes in the Middle of A Pay Period

Whenever you have an employee who begins or terminates employment with your cost center in the middle of a pay period, we strongly suggest that you skip the employee in PTL and pay him or her an amount in POT.

The PTL system is geared toward paying employees who are salaried and timecard not required or hourly and timecard required, with the assumption that they are active for the full pay period and standard hours. When you are dealing with a situation outside of that—for example, an employee who begins or terminates mid-pay period—unpredictable results can occur when you attempt to pay that employee via PTL.

When you have an employee who is active in your cost center for only part of the pay period, pay the employee as follows:

- Skip the employee in PTL. If the employee has already been keyed through PTL, delete those transactions.
- Obtain a copy of the timesheet.
- Calculate the pay due. For an hourly employee, simply multiply the hours to be paid by the hourly rate. For a salaried employee, take the semimonthly salary and divide it by the total number of hours for the pay period. Take that hourly rate and multiply it by the total number of hours for which the employee is to be paid. The resulting figure will be the gross amount due the employee. Then do a 700 transaction in POT to pay the employee an amount and adjust any leave used on the B screen. Example:

John terminates employment on 02/10/04. John is a salaried employee with a semimonthly salary of \$1500.00. The 2/1-15/04 pay period was a 75.00 hour pay period, and John had 15.00 hours of 918 and 37.50 regular/700 hours. First, you would calculate his pay as follows:

$\$1500.00$  (semimonthly salary) divided by  $75.00$  (hours in the pay period) =  $\$20.00$  hourly rate  
 $\$20.00$  (hourly rate) X  $52.50$  (total number of hours to be paid) =  $\$1050.00$  (gross amount due)

- Do a 700 transaction in POT for an amount (this example assumes you want all normal deductions withheld):

DEPARTMENT OF PERSONNEL  
STANDARD TIME REPORTING

PEPOT002  
02/20/2004 09:44:02

COMPANY: 47792  
EMPLOYEE NO. 0 123456789

SHIFT AMOUNT DEDUCTION  
INDICATORS: 1

FROM DATE: \_\_\_\_ TO DATE: \_\_\_\_

REGULAR HOURS: 5250\_ OVERTIME HOURS: \_\_\_\_  
REGULAR RATE/AMOUNT 105000\_ OVERTIME FLAG: \_\_\_\_  
OVERTIME RATE/AMOUNT: \_\_\_\_

ORG PBU FUND  
LABOR DISTRIBUTION CODE: \_\_\_\_  
EXTRACT (Y = EXTRACT) : Y

-----EXPANDED LABOR DISTRIBUTION-----  
ACTIVITY FUNCTION SUB OBJ PROJECT SUB ORG TERMINI REP CATEGORY

053 RECORD READY FOR UPDATE  
PF1=MENU PF3=END PF8=8XX PF9=9XX ENTER=PROCEED MODE= ADD

You would adjust the sick leave on the B screen to reflect the 15.00 hours of 918 used, as it was paid as 700 hours in the example above. Make clear notation on the timesheet and leave maintenance that all hours were paid as 700 hours and the leave balances were adjusted.



## Updated Health Insurance Forms

Pages 5, 6 and 7 are the new updated Shortfall Refund Request form, Health Insurance Refund Request for Kentucky Government Employees form and the Invalid Health Insurance Refund Request form. We have updated these forms to reflect the change from Personnel Cabinet to Department of Personnel. We ask that you begin using the new forms.

Shortfall Refund Request Form: This form is used to request the \$6.00 shortfall from Jo Ann McAlister at the Department of Personnel. If you have any questions about the shortfall, you can contact JoAnn at 502-564-6883 ext. 4122.

Invalid Health Insurance Refund Request Form: This form is used to request back money that has kicked out on the Invalid Health Deductions Listing or money that has not been wired. If you have any questions about this form, please contact Shannan Goodrich at 502-564-6883 ext.4119.

Health Insurance Refund Request for KY Government Employees: This form is used to request back money from the carrier.

## Accurate Reporting of Time Worked

It is time once more to address the problem of inaccurate and untimely reporting of time by employees. The submission of tardy or inaccurate time records creates serious administrative problems with payroll, leave and overtime maintenance. When an employee and their supervisor sign a timesheet, they are certifying that the time reported is accurate and complete.

Each time an employee submits a timesheet, he or she certifies that the time reported is accurate and complete. These documents are used as the basis for certification of payroll under KRS18A.125 by the Commissioner of Personnel.

Please advise your employees that they have a duty to submit accurate and timely timesheets pursuant to KRS18A.125. Employees should also be advised that if they fail to submit timesheets in an accurate and timely manner, pay may be delayed due to the inability of the Commissioner to certify payroll.

Additionally, the Fair Labor Standards Act (FLSA) requires an employer to maintain accurate records with respect to overtime worked. All hours worked, including compensatory time (hours between normal work hours and 40 hours), and overtime must be recorded on the official time sheet. Employers are specifically prohibited from allowing and employees are specifically prohibited from keeping, a separate set of books for overtime.

The U.S. Department of Labor advises that any labor, authorized or not, with or without the employer's knowledge, is compensable. If you do not want an employee to work overtime, you must direct the employee not to work and take appropriate disciplinary action if an employee fails to follow the directive.

Agencies are permitted to utilize flexible work schedules, as described under 101 KAR 2:095, Section 2, agencies are not allowed to carry time from one week to the next or average time over more than one workweek in order to avoid the payment of overtime.

## SHORTFALL REFUND REQUEST

DATE: \_\_\_\_\_

SEND TO: JO ANN McALISTER  
DEPARTMENT OF PERSONNEL  
DIVISION OF EMPLOYEE RECORDS, ROOM 535  
200 FAIR OAKS  
FRANKFORT, KY 40601

LAST NAME FIRST NAME MIDDLE INITIAL	SSN	COMPANY NUMBER	FOR MONTH OF	AMOUNT	JV TO THE FOLLOWING:				
					AGENCY	ORG	PBU	FUND	ACTIVITY

RETURN CHECK TO: NAME:  
CABINET/DEPARTMENT:  
ADDRESS:  
  
TELEPHONE NUMBER:

--

# INVALID HEALTH INSURANCE REFUND REQUEST

CABINET NUMBER \_\_\_\_\_

PLEASE REFUND THE FOLLING AMOUNTS:

DATE: \_\_\_\_\_

DEPARTMENT NUMBER	NAME	SSN	DED	AMOUNT	PAY PERIOD DEDUCTED	INDICATE IF CHECK SHOULD BE MADE PAYABLE TO EMPLOYEE OR KY STATE TREASURER

\*\*\* REMINDER: DO NOT INCLUDE SHORTFALL AMOUNT \*\*\*

PLEASE RETURN THE CHECK TO:

## MANUAL PAY TRANSACTIONS:

ENTERED ON POT ☐

ENTERED ON CICS ☐

## SEND TO:

SHANNAN GOODRICH  
DIVISION OF EMPLOYEE RECORDS  
DEPARTMENT OF PERSONNEL  
200 FAIR OAKS LANE , ROOM 535, 5TH FLOOR  
FRANKFORT, KY 40601  
502-564-6883 ext. 4119  
FAX 502-564-5826

## PAYROLL OFFICER:

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

# HEALTH INSURANCE REFUND REQUEST FOR KENTUCKY GOVERNMENT EMPLOYEES

CARRIER:

DATE:

Please issue the following refund for premiums withheld in error:

Last Name First Name		SSN	Company #	Refund to Employee	Refund to Employer	Refund to KST
				\$	\$	\$
COVERAGE MONTH	REASON:					
COVERAGE MONTH	REASON:			\$	\$	\$
COVERAGE MONTH	REASON:			\$	\$	\$
COVERAGE MONTH	REASON:			\$	\$	\$
COVERAGE MONTH	REASON:			\$	\$	\$
COVERAGE MONTH	REASON:			\$	\$	\$
GRAND TOTAL					\$	

REMINDER: DO NOT INCLUDE THE  
SHORTFALL AMOUNT (\$6.00) IN  
THE EMPLOYER REFUND REQUEST.  
THE \$6.00 MUST BE REQUESTED  
FROM JO ANN McALISTER.

RETURN THE ABOVE CHECKS TO:  
INSURANCE COORDINATOR:  
CABINET/DEPARTMENT:  
ADDRESS:  
  
TELEPHONE NUMBER: